

CONCEALED WEAPONS PERMIT APPLICATION

(You need to apply in the county in which you reside)

☐ New ☐ Renewal Permit # _____

Do you live in Brookings County? _____ How long? _____ yrs _____ mos Race _____ Sex _____

Name _____ Date of Birth _____
Last First MI

Address: _____ Apt/Lot # _____ PO Box _____

City _____ State _____ Zip _____ Place of Birth _____

Social Security # _____ Driver's License # _____ State _____

Phone # _____ Occupation/Employer _____

Height _____ ft _____ in Weight _____ Eye Color _____ Hair Color _____

Other states or foreign countries you have lived in (excluding military):

1) Have you ever had a concealed weapons permit refused or revoked? Yes () No ()

2) Have you ever pled guilty to, no contest to, or been convicted of a felony or a crime of violence? Yes () No ()

3) Have you ever been arrested for an assault, crime against a person, or other violent crime? Yes () No ()

4) Have you ever been convicted of any crime involving a weapon or for any firearms violation? (except hunting violations) Yes () No ()

5) Are you habitually in an intoxicated or drugged condition? Yes () No ()

6) Are you now, or have you in the past, been adjudged mentally incompetent? Yes () No ()

7) Have you ever been arrested for any alcohol or controlled substance violation? Yes () No ()

8) Are you named as a Defendant on any current protection order? Yes () No ()

If your answer to any of the above questions is "yes", please explain, with all applicable dates and locations.

I certify that all of the above information is true and I understand that any false statement is a violation of the law (SDCL-23-7-12) and could result in criminal charges as well as non-issuance, or revocation, of my concealed weapons permit.

Signed _____ Date _____

Please Complete Both Sides



Brookings County Sheriff's Office

315 7th Ave
Brookings SD 57006
605-696-8300
605-696-8330 fax

Fax to: Human Services Center Admission Office
605-668-3429

Return to: Brookings County Sheriff's Office
605-696-8330

Release of Information for Permit to Carry a Concealed Weapon (SDCL 23-7-7.1)

Name (Please Print) Date of Birth

Maiden Name or Alias (Please Print) Social Security Number

I hereby authorize the South Dakota Human Services Center to respond to the Brookings County Sheriff's Office regarding the following question pertaining to services I may have received for a period of ten (10) years prior to the date of my signature.

Signature Date

Witness Date

Was the above-named person a patient at the South Dakota Human Services Center during a period of 10 (ten) years prior to the date of signature and found to be a "danger to others" or a "danger to self" as defined by SDCL 27A-1-1?

☐ Yes ☐ No

Signature of HSC Staff Responding Date

Please Complete both sides